

PORTFOLIO MANAGEMENT SERVICES APPLICATION FORM - INSTITUTION

PLEASE PRINT CLEARLY

APPLICANT DETAILS	
NAME OF INSTITUTION/COMPANY	COUNTRY OF INCORPORATION
DATE OF REGISTRATION /...../.....	REGISTRATION No.
POSTAL ADDRESS	PHYSICAL ADDRESS
TEL No.	FAX No.
CONTACT EMAIL ADDRESS	
INSTITUTION TYPE <input type="checkbox"/> PUBLIC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED <input type="checkbox"/> PRIVATE <input type="checkbox"/> SOCIETY <input type="checkbox"/> TRUST/OTHER	
DIRECTORS/PARTNERS/OFFICERS (PLEASE ATTACH COMPANIES FORM 5 OR LIST OF OFFICERS) NAME TITLE/POSITION	
CUSTODIAN (IF ANY)	CONTACT PERSONS (S) NAME(S) TEL: FAX:

FOR OFFICE USE ONLY

<i>COPY OF CERTIFICATE OF INCORPORATION</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>COPY OF ARTICLES OF ASSOCIATION/PARTNERSHIP AGREEMENT</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>BOARD RESOLUTION FOR ACCOUNT OPENING</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>PASSPORT SIZE PHOTOS OF SIGNATORIES ATTACHED</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>COPY OF ID DOCUMENT OF SIGNATORIES ATTACHED</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>REFERENCE LETTER ATTACHED (FROM BANKERS/LAWYERS/AUDITORS)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<i>ACCOUNT OPENED BY</i>	<i>SIGNED</i>	<i>DATE</i>
<i>ACCOUNT AUTHORISED BY</i>	<i>SIGNED</i>	<i>DATE</i>
<i>REGISTERED REPRESENTATIVE</i>	<i>SIGNED</i>	<i>DATE</i>

FINANCIAL INFORMATION			
ANNUAL INCOME FOR LAST 3 YEARS YEAR		AMOUNT	
NET WORTH FOR LAST 3 YEARS YEAR		AMOUNT	
BANKERS NAME		BRANCH	
CURRENT ACCOUNT NUMBER		INFORMATION VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAMES OF ANY PUBLIC COMPANIES OF WHICH CLIENT IS OFFICER OR DIRECTOR <input type="checkbox"/> NONE <input type="checkbox"/> YES (NAME)			
NAMES OF ANY PUBLIC COMPANIES WHICH CLIENT OWNS/CONTROLS 25% OR MORE			
BROKERAGE ACCOUNTS WITH OTHER FIRMS? <input type="checkbox"/> YES (NAME) <input type="checkbox"/> NO			
DOES CLIENT HAVE RELATED ACCOUNTS AT THIS FIRM? <input type="checkbox"/> YES (ACCT NO.(S))..... <input type="checkbox"/> NO			
DOES ANYONE OTHER THAN THE PERSONS NAMED HAVE AUTHORITY OVER, OR ANY FINANCIAL INTEREST IN THIS ACCOUNT?			

INVESTMENT PROFILE		
PAST INVESTMENT EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> SHARES <input type="checkbox"/> T-BILLS <input type="checkbox"/> BONDS <input type="checkbox"/> UNIT TRUST	INVESTMENT OBJECTIVES <input type="checkbox"/> INCOME <input type="checkbox"/> LONG-TERM GROWTH <input type="checkbox"/> SHORT-TERM GROWTH <input type="checkbox"/> SPECULATIVE <input type="checkbox"/> OTHER (SPECIFY)	RISK TOLERANCE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
TIME PERIOD FOR INVESTMENTS	APPROX CAPITAL AVAILABLE FOR INVESTMENT	
SYSTEMATIC WITHDRAWAL REQUIRED <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY <input type="checkbox"/> ANUALLY		
AMOUNT REQUIRED <input type="checkbox"/> K..... <input type="checkbox"/> CAPITAL GAINS BOOKED		

REPORTING REQUIREMENTS	
REPORTS TO BE SENT <input type="checkbox"/> VIA POST <input type="checkbox"/> THROUGH EMAIL <input type="checkbox"/> VIA FAX	PERIODICITY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY

HOW DID YOU HEAR ABOUT THIS FIRM? <input type="checkbox"/> ADVERTISING BY OUR FIRM <input type="checkbox"/> MEDIA COVERAGE <input type="checkbox"/> REFERRED BY EXISTING CLIENT <input type="checkbox"/> DIRECT APPROACH <input type="checkbox"/> WEBSITE <input type="checkbox"/> OTHER
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DECLARATION

I/We hereby declare that all the information and particulars given by me/us in this application are true to the best of my/our knowledge and belief. I/We authorise you to make any searches or other enquiries in accordance with your normal procedures in connection with this application. I/we agree to immediately inform you if there is any change in any of the information given in this application or in annexure to this application. I/We also declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted therefrom, I/We am/are liable to be debarred from doing business. I/We also agree to furnish such further information as you or the stock exchanges or the Regulators may require from me/us and I/We agree that if I/We fail to give such information, you shall have the right to terminate the agreement and the stock exchanges or the Regulators shall have the right to debar me/us from doing business.

The information obtained by you in this application and in our dealings with you may be stored by Laurence Paul Investment Services and associated companies for assesment and analysis (including market and product analysis), to advise me/us of products and services and so that you can improve your services to me/us and other customers and protect our interests.

The undersigned agrees to be bound by the terms and conditions of Laurence Paul Portfolio Management Service Agreement, the Lusaka Srock Exchange and Securities and Exchange Comission of Zambia.

I/We hereby declare that the amount invested by me/us will be derived through legitimate sources and is/will not be held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications or directions issued by any Government or any statutory authority from time to time.

"I/We hereby consent to the Laurence Paul disclosing my/our confidential information in accordance with the provisions of the Securities Act (Chapter 354) or any statutory modification of re-enactment thereof"

<hr style="width: 30%; margin: 0 auto;"/> First Signatory	<hr style="width: 30%; margin: 0 auto;"/> Second Signatory
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TERMS AND CONDITIONS

1. Original documents for proof of identity and residence are required for verification before account opening.
2. As a matter of general information, Laurence Paul Investment Services Portforlio Management Services (LPAUL-PMS) informs its clients about its policieas to clients tax matters. LPAUL-PMS clients' personal taxes are their own responsibility. It is the policy of LPAUL-PMS that neither LPAUL-PMS nor any of its employees can advise its clients of their personal income tax, corporate tax or any other form of taxation. While LPAUL-PMS and its employees may provide information to clients regarding their investments through LPAUL-PMS, as well as in some instances the tax effects of such investments, clients are advised to consult their personal tax consultant as to any tax issue or questions and in order to ensure that the clients are meeting their tax obligations. Moreover, it is against the pollicies of LPAUL-PMS to suggest or assist in evasion of client's tax obligations, LPAUL-PMS is committed to upholding the highest standards and to complying with the letter and the intention of the law.

SIGNATURE (S) Name Designation Date	SIGNATURE (S) Name Designation Date
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